

01-19-01

A

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No.	WHISPERWIRE-02R
	First Inventor or Application Identifier	Ahmed Gheith
	Title	SYSTEM AND METHOD FOR DISTRIBUTED CLIENT STATE MANAGEMENT ACROSS A PLURALITY OF SERVER COMPUTERS
	Express Mail Label No.	EK737086975US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 79] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 20] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label _____ or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Bruce E. Garlick				
	Garlick & Harrison				
Address	P.O. Box 691				
City	Spicewood	State	Texas	Zip Code	78669
Country	US	Telephone	(512) 264-8816	Fax	(512) 264-3735

Name (Print/Type)	Bruce E. Garlick	Registration No. (Attorney/Agent)	36,520
Signature	<i>Bruce E. Garlick</i>	Date	1/18/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

01/18/01
jc962 U.S. PTO

09/764662
01/18/01



01/18/01

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

CASE DOCKET NO: WHISPERWIRE-02R

Sir:

Transmitted herewith for filing is the patent application

Inventors: **Ahmed Gheith and Rod Mancisidor**

For: **SYSTEM AND METHOD FOR DISTRIBUTED CLIENT STATE MANAGEMENT ACROSS A PLURALITY OF SERVER COMPUTERS**

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	56 - 20 =	36
INDEP CLAIMS	3 - 3 =	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED		
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2		

SMALL ENTITY	
RATE	FEE
	\$
x 9 =	\$
x 40 =	\$
+135=	\$
TOTAL	\$

OR

OTHER THAN A SMALL ENTITY	
RATE	FEE
	\$ 710.00
x 18 =	\$ 648.00
x 80 =	
+270=	\$
TOTAL	\$ 1,358.00

☐ Please charge my Deposit Account No. _____ the amount of _____. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 1,358.00 to cover the filing fee is enclosed.

☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

☐ Any additional filing fees required under 37 CFR 1.16

☐ Any patent application processing fees under 37 CFR 1.17.

☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

☐ Any patent application processing fees under 37 CFR 1.17.

☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

☐ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

RESPECTFULLY SUBMITTED,

Bruce E. Garlick
Registration No. 36,520
Date: January 18, 2001